

Signature

Name (Print/Type)

Carl Schaukowitch

PTO/SB/17 (05-07) Approved for use through 05/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of	espond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
				10/500,560-Conf. #5196			
FEE TRANS	Filing Date		June 30, 2004				
For FY 20	First Named Inventor Masato TANAK			.KA			
	Examiner Name E. Peselev						
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1623					
TOTAL AMOUNT OF PAYMENT (\$) 3,020.00 Attorney Docket No. SAE-0027							
METHOD OF PAYMENT (check	all that apply)						
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION	.10 and 1.17						
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES						
		ARCH FEES	EXAMI	NATION FEES	3		
Application Type Fee (Small Entity	Small Entity	Eac (\$)	Small Entity	Food B	aid (\$\	
Utility Solution Type Fee (S	5) <u>Fee (\$) Fee (</u> 150 500		Fee (\$) 200	Fee (\$) 100	Fees P	alu (\$)	
Design 200	100 100		130	65			
Plant 200	100 100		160	80			
Reissue 300	150 500		600	300			
Provisional 200	100 (0	000	0			
2. EXCESS CLAIM FEES	100	, ,	U	U		Small Entit	
Fee Description				Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims Extra Claims	Paid (\$)	<u> </u>	Multiple Depend	ent Claims			
8	x =		E	ee (\$)	Fee Paid (\$)	<u>l</u>	
HP = highest number of total claims paid fo	r, if greater than 20.					_	
Indep. Claims Extra Claims		Paid (\$)					
	x =						
HP = highest number of independent claims	s paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings e	veeed 100 sheets of nane	r (evoluding elect	ronically (filed segmence of	rcomputer		
listings under 37 CFR 1.52(e)),)	
sheets or fraction thereof. See				• •			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =						'aid (\$)	
100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)						Paid (\$)	
Non-English Specification. \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month						20.00	
/ / 1401 Notice of appeal						500.00 1,500.00	
1453 Petition to revive unintentionally abandoned						0.00	
SUBMITTED BY							

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June 7, 2007